

CITY OF MADISONVILLE KENTUCKY

Payroll Tax Year End Return

- 1. Total Number of Employees _____ Taxable Employees _____
- 2. Total Salaries, Wages, Commissions and Other Compensation _____
- 3. Less Compensation Paid for Services Outside of Madisonville _____
- 4. Taxable Earnings (Line 2 Minus Line 3) _____
- 5. Actual Tax Due in Period at 1.5% _____
- 6. Adjustments from Prior Periods _____
- 7. Interest (1% Per Month) After Due Date _____
- 8. Penalty (5% Per Month up to 25%, \$25 Min.) After Due Date _____
- 9. Total Taxes Due Including Interest & Penalty _____

Make Check Payable & Mail to:
 Director of Finance
 P.O. Box 1270
 Madisonville KY 42431

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.

*If no wages were paid this period, mark "NONE" and return this form with explanation.

Signed _____

Date _____

Date Received _____
 Check Number _____
 Check Amount _____
 Account Number _____
 For Period Ending _____
Due On or Before _____

Reconciliation of Madisonville License Fee Withheld for Calendar Year is Required.
 (If you have 10 or less employees, use the space provided below or furnish copies of employee's W-2.
 Larger concerns may file on listing (using the format below) or furnish W-2 copies.

Social Security Number	Name of Employee	Gross Wages	Taxable Wages	Occupational Tax Withheld

Attach Continuation Sheet if Necessary

W2's are due by January 31st

Prepared By _____

Date _____